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1186 – Sexual dysfunction in climacteric women with breast cancer: prevalence and independent predictors in a cross-sectional study

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Introduction: Female sexual function is a central determinant of quality of life and results from the interaction between hormonal, psychosocial, and clinical factors. In menopause, it is highly prevalent and multifactorial and may be exacerbated in cancer survivors by oncological therapies. However, the independent determinants of this outcome remain poorly explored. This study aimed to evaluate the prevalence and independent predictors of sexual dysfunction in climacteric women, with an emphasis on those with a history of breast cancer.

Methods: A cross-sectional study conducted at the menopause outpatient clinic of a tertiary Hospital (Nov/2022–Aug/2025), with a total sample of 126 women 51 of whom had breast cancer. Women ≥ 30 years of age in menopause were included. Exclusion criteria applied to individuals undergoing recent menopausal therapies and without recent documented sexual activity. Assessment performed through physical examination and completion of validated questionnaires: Sexual function was assessed using the Female Sexual Function Index (FSFI). Also were applied: Menopause Rating Scale (MRS), Women's Health Questionnaire (WHQ), Patient Health Questionnaire-9 (PHQ-9), and Vaginal Health Index Score (VHIS). Poisson regression models estimated adjusted prevalence ratios (PR; 95%CI).

Results: Sexual dysfunction was identified in 83.3% of the women, being more prevalent in those without breast cancer (90.6% vs. 72.5%; $p=0.007$). Among survivors, variables related to cancer treatment were not associated with the outcome. In the multivariate analysis, the independent predictors were: moderate to severe depression (PHQ-9 ≥ 10) associated with low libido (PR 1.98; $p=0.019$), moderate to severe genitourinary syndrome of menopause (UROGENITAL-MRS ≥ 5) associated with inadequate lubrication (PR 2.15; $p=0.004$), and worse quality of life (WHQ ≥ 0.58) associated with low arousal (PR 1.77; $p=0.032$).

Conclusion: Sexual dysfunction is highly prevalent in menopause. Although it was not higher among breast cancer survivors, it remains relevant in this population. Results possibly reflect better coping strategies. The outcome focused on genitourinary syndrome and psychosocial factors, reinforcing the need for non-hormonal strategies.

Ethics: Research Ethics Committee Approval (CAAE 59356022.0.0000.5404).

Keywords: breast neoplasms; climacteric; sexual dysfunction; menopause; quality of life.